

PROBATION AND PAROLE OFFICER

THESE ARE THE ESSENTIAL FUNCTIONS OF THE JOB(S).

Supervise juvenile felons, misdemeanants, and status offenders

Counsel and refer youth to appropriate community based resources and provide crisis intervention

Enforce all imposed conditions of supervision and perform all aspects of the violation process

Conduct criminal justice social background investigations and make recommendations for the various decision makers in criminal justice system

Take youth into custody, conduct arrests

Transport youth

Prepare reports to courts

Determine amounts of victim's restitution and set payment schedules, etc

Testify in court hearings and other proceedings

THE ACTIVITIES LISTED BELOW ARE REQUIRED OF EACH EMPLOYEE IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S).

<u>PHYSICAL EFFORT AND EXAMPLES</u> (not all inclusive)	ARE YOU ABLE TO DO THIS?	
	<u>YES</u>	<u>NO</u>
Exert physical force to restrain youth or others as necessary (to apprehend absconders; to prevent bodily injury to others)	_____	_____
Climb (stairs, steps, ramps, ladders, tops of buildings)	_____	_____
Qualify with a handgun	_____	_____
Travel by rail, auto, air at any given time and on occasion for extended periods of time	_____	_____
Drive a vehicle to contact/visit youth under supervision	_____	_____
Communicate in person, by telephone, by radio, and/or paging equipment	_____	_____
See (to observe youth behavior)	_____	_____
Walk (to court, make arrests, locate youth)	_____	_____
Run in the event of an emergency or life threatening situation	_____	_____
Travel to conduct state business and for training purposes	_____	_____
Drive for extended periods of time and distances	_____	_____
Report to work before or after routine work schedule	_____	_____

PSYCHOLOGICAL FACTORS**YES****NO**

Able to perform the job without exhibiting inappropriate workplace behavior, such as creating an atmosphere of hostility and without behaving erratically

Able to work around youth without fear

Able to tolerate the stress associated with liability for errors in judgment

ARE YOU WILLING TO BE EXPOSED TO THESE ENVIRONMENTAL CONDITIONS?**ENVIRONMENTAL CONDITIONS**

Confinement/association with youth in work/home settings

Exposure to blood/ body fluids and body waste

Supervise youth in high crime areas

Exposure to extreme weather conditions

Gunfire noise

Chemical agent fumes

Confinement behind the steering wheel of a vehicle for long periods of time with or without youth

Risk of physical injury or to personal safety

Wear restrictive body clothing (bullet proof vests)

If you answered NO to any of these items listed above, please indicate if there are any specific accommodations that can be provided which will enable you to perform the essential functions of this job.

I understand that any omission or misrepresentation of material fact herein may result in refusal of, or separation from, employment. I hereby authorize the Department to make any investigations of my background deemed necessary. Upon an offer of a job, I have no objection to taking a medical examination and understand that employment is conditional upon results of the medical examination. I understand that I must be able to perform all duties as assigned and that if I become unable to perform the essential functions of this job after employment, I must report such disability to appropriate officials. I understand that my ability to perform the essential functions of this job, with or without accommodations, cannot create a significant risk of harm to the health and safety of myself or others, nor impair the fundamental operations of my assigned unit.

 Employee Signature

 Date

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, INCLUDING SIGNATURE AND DATE

THE FOLLOWING MAY BE REQUIRED BY THE UNIT HEAD

I have reviewed the essential functions of this job and the activities involved in the performance of these functions. It is my opinion that:

Check One

_____ This employee can perform the essential functions of this job without any accommodation.

_____ This employee can perform the essential functions of this job with the following accommodation(s).

_____ This employee cannot perform the essential functions of this job with or without accommodation.

Signature
Physician, Psychologist, Psychiatrist or Social Worker

Date

Print Name

Address

Phone